

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 125

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

SCOTT MURTHA

Mailing Address 216 BEVER LN., S.E.

City

CEDAR RAPIDS

State

IA

Zip Code

52403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LINN COUNTY ANESTH

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.69812

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

STEVEN NAKATA

Mailing Address 2080 S. CHERRYWOOD CT.

City

NEW BERLIN

State

WI

Zip Code

53151

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.69987

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

LUU NGUYEN

Mailing Address 9024 FORT CRAIG DR.

City

BURKE

State

VA

Zip Code

22015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GEORGE WASHINGTON UNIVERS-  
ITY ANES. DEP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.69842

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....